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CONFIRMATION NO. 4461

<b>SERIAL NUMBER</b> 10/528,422	<b>FILING OR 371(c) DATE</b> 09/21/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> A-9488	
<b>APPLICANTS</b> Bruce Leigh Kiehne, Queensland, AUSTRALIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU03/01187 09/10/2003 <b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2002951534 09/20/2002 AUSTRALIA 2003903812 07/22/2003 <div style="text-align: center;">** SMALL ENTITY **</div>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Hoffman Wasson & Gitler 2461 South Clark Street Suite 522 - Crystal Center Arlington ,VA 22202					
<b>TITLE</b> Surgical scalpel with retractable guard					
<b>FILING FEE RECEIVED</b> 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		